			٤					ρpl	ication	or C	Ocket Nu	mber
PAT	ENT APP			DETERN tober 1, 20		ION RECO	ORD	0	1/6	40	6,85	2
	CL	S FILED - PART I (Column 1) (Colum			umn 2)	SMALL ENTITY TYPE			OTHER THAI			
TOTAL CLAIMS							RAT	E	FEE	٠.	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC			ΛÞ	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			9 minus 20=		. 71		X\$:)=		OR:		
INDEPENDENT CLAIMS			minus 3 = *		#		X42		—		X84=	127
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t if the diffe					+140)=		OR		26		
- II the one		less than zero, enter "0" in column 2			TOTA	\L		OR	TOTAL			
	(Co	lumn 1)	MEND	ED - PAR' (Colum		(Column 3)	SMA	LL ENT	ITY ()R	OTHER	
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The state of the s							+140		0	R	* +280 =	
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in the second		umn 1) LAIMS	<i>t</i>	(Colum		(Column 3)				_		
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CIDAT A	RESENTATIO	ON OF MU	ILTIPLE D	EPENDENT	CLAIM			+-	 °	R	•	
ILIUSI P											. ^^^ !	* *
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ranol P		umn 1)		(Colum		(Column 3)	TOTA			L	TOTAL	
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FORM PTO-675 (Rev. 8/01)

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